



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.6.A.04	PAGE NUMBER 1 OF 4
		DISTRIBUTION: Public	
		SUBJECT: Offender Health Examinations	
RELATED STANDARDS:	ACA 5-ACI: 6A-21 (M), 6A-25(M), 6A-27	EFFECTIVE DATE: April 01, 2024	
		SUPERSESSSION: 06/18/2021	
DESCRIPTION: Healthcare – Access to Services	REVIEW MONTH: March	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to require that all incarcerated offenders receive a health screening upon arrival and a comprehensive health appraisal.

II. PURPOSE

The purpose of this policy is to outline procedures for health screenings and examinations for preventative health maintenance, early diagnosis, and treatment.

III. DEFINITIONS

Health Appraisal:

A health assessment that includes a review of previous health records, and collection of data including any laboratory results or diagnostic tests, vital signs, and other information necessary to provide care.

Health Screening:

A structured inquiry and observation to prevent offenders who pose a health or safety threat to themselves or others from being admitted to the general population and to identify offenders who require immediate medical attention.

Periodic Health Examination:

Regular and/or scheduled physical examination of a patient's current condition and/or medical history. *The conditions for periodic health examinations for offenders are determined by the health authority [ACA 5-ACI-6A-27].*

IV. PROCEDURES

1. Health Screening:

- A. *Intake health screening for offender transfers, excluding intra-system, commences upon the offender's arrival at the facility and is performed by health-trained or qualified healthcare personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:*
 1. *Inquiry into:*
 - a. *Any past history of serious infection or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications.*
 - b. *Current illness and health problems, including communicable diseases and mental illness.*

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- c. *Dental problems.*
 - d. *Use of alcohol and other drugs, including type (s) of drugs used, mode of use, amount used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions).*
 - e. *The possibility of pregnancy and history of problems (female only); And other health problems designated by the responsible physician.*
 - f. *Any past history of mental illness, thoughts of suicide, or self-injurious behavior attempts.*
2. *Observation of the following:*
 - a. *Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating.*
 - b. *Body deformities, ease of movement, and so forth.*
 - c. *Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug abuse.*
 3. *Medical disposition of the offender:*
 - a. *General population.*
 - b. *General population with prompt referral to appropriate healthcare service.*
 - c. *Referral to appropriate healthcare service for emergency treatment [ACA 5-ACI-6A-21 (M)].*
- B. An Intake Health Screening will be completed for:
1. A New Admission.
 2. An offender that has been discharged for more than ninety (90) days.
- C. Immediate health needs are identified and addressed.
1. Offenders who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred.
 2. When they are referred to an emergency department, a written discharge is required prior to returning to the facility.
- D. The nursing health screening and assessment completed by a Registered Nurse will consist of the following:
1. A review of accompanying health record documentation from the county jail or sending jurisdiction, if available.
 2. Assessment.
 - a. Vital signs and systems assessment.
 - b. Completion of the intake health screening will include a head-to-toe assessment and identify history and physical findings along with any abnormality or defect exhibited by an offender that may affect housing and/or work assignments which will be documented clearly and concisely in the electronic health record.
 - c. Vision screening using the Snellen chart.
 - d. Columbia Suicide Severity Rating Scale and Mini-Mental Health assessment.
 3. Triage of current health care, dental, and/or mental health complaints for urgent referral.
 - a. Optometry referral with complaints of vision or eye issues or diabetic chronic care history.
 4. A referral to a health care practitioner for acute illness, if indicated.
 - a. Offenders with identified chronic care conditions or acute healthcare problems will be referred to the healthcare practitioner for a visit within fourteen (14) days.
 - b. Offenders without identified chronic care conditions or acute healthcare problems will be referred to the healthcare practitioner for a chart review within thirty (30) days.
 5. Referral to dental for a full dental examination by a dentist within thirty (30) days.
 6. Referral to behavioral health for mental health appraisal within fourteen (14) days.
- E. *Within fourteen (14) days after arrival at the facility* the RN will:
1. *Review of the earlier receiving screen.*
 2. *Collection of additional data to complete the medical, dental, mental health, and immunization histories.*
 3. *Laboratory or diagnostic test to detect communicable diseases, including sexually transmitted diseases and tuberculosis.*

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4. *Record of height, weight, pulse, blood pressure, and temperature.*
5. *Other tests and examinations, as appropriate [ACA 5-ACI-6A-25 (M)].*

2. Health Appraisal:

- A. The DOC requires that *a comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety (90) days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:*
1. *Within fourteen (14) days after arrival at for offenders with identified significant healthcare problems the medical doctor (MD)/advanced practice provider (APP) will :*
 - a. *Medical examination, including review of mental and dental status (for those offenders with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth).*
 - b. *Review of the results of the medical examination, test, and identification of problems by a healthcare practitioner or other qualified healthcare professional, if such is authorized in the medical practice act.*
 - c. *Initiation of therapy when appropriate.*
 - d. *Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.*
 2. *Within thirty (30) days after arrival for offenders without significant healthcare problems the MD or APP will:*
 - a. *Medical examination, including review of mental and dental status (for those offenders without significant health care concerns identified during earlier screening - no identified acute or chronic disease, no identified communicable disease, and so forth).*
 - b. *Review of the results of the medical examinations, tests, and identification of problems by a healthcare practitioner or other qualified healthcare professional, if such is authorized in the medical practice act.*
 - c. *Initiation of therapy when appropriate.*
 - d. *Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation [ACA 5-ACI-6A-25 (M)].*

3. Establish Medical Classification:

- A. All offenders admitted to the DOC will be assigned by the MD or APP, approved behavioral health professional, or licensed dental provider a medical (M-code), psychological (P-code), and dental (D-code) classification code. The classification may come as a result of an offender’s physical examination, updated physical examination, initial or updated behavioral health appraisal, or medical classification due to a change in health status.
1. The medical classification is assigned by a licensed medical provider (MD or APP). The code specifies an offender’s physical capability, in view of any noted health restrictions, as it applies to general housing/work assignments.
 2. Proper implementation and usage of a medical classification assures that offenders are assigned to housing, work, and special programs that are compatible with their individual functional capabilities.
 3. Other tests and examinations as appropriate.
 4. Housing restrictions.
 5. Health care appliances.
- B. *Offenders confined within a correctional complex with consolidated medical services do not require a health screening for intra-system transfers [ACA 5-ACI-6A-21(M)].*

V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

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None.

VII. HISTORY

April 2024 – Renumbered from 1.4.E.3

June 2021

July 2017

June 2017

September 2015

October 2014

ATTACHMENTS

1. DOC Policy Implementation / Adjustments